Applied For

Not Applicable

FILED

May 13, 1999 8:00 am Secretary of State

05-13-1999 90022 039 ***150.00 06-29-1999 90009 049 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/09/1995

65-0549799

4. FEI Number

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

300 71ST STREET

MIAMI BEACH FL 33141

2a. Mailing Address

SUITE 410

26

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000002006

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

300 71ST STREET

MIAMI BEACH FL 33141

SUITE 410

SUBACUTE CARE ASSOCIATES, INC.

21		26				65-0549799	Not	t Applicable	
Suite, Apt.	#, etc.		uite, Apt. #, etc.			-	\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired	Fee Re	quired	
City & State	8	C	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zi	ip	Country	'	8. This corporation owes the current year	r Intangible		
24	25	29	[30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	nt Register	red Agent			10. Name and Address of New Registe	red Agent		
				81	Name				
KRAMER, PETER M 2934 REGATTA AVENUE				82	82 Street Address (P.O. Box Number is Not Acceptable)				
				"-	Discernations (i.e. pox rames in recreasing)				
MIAN	MI BEACH FL 33140			83					
							0	\	
				84	City		FL 85 Zip C	,ode	
11 Pursuant	to the provisions of Sections 607.050)2 and 607	1508. Florida Statute	s. the abov	e-named co	rporation submits this statement for the purpos	e of changing its	registered	
office or re	egistered agent, or both, in the State.	of Florida.	Such change was au	ithorized by	the corpora	tion's board of directors. I hereby accept the a	ppointment as rec	jistered ·	
agent. I ai	m familiar with, and accept the obliga	itions of, Si	action 607.0505, FIOR	ida Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered ager	not and title if ar	nicable : (NOTE:	Registered Age	nt signature requi	ired when reinstating) DATI			
12.	OFFICERS AN			13.	n agnataro rege	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12	
TITLE	PD		DELETE	1.1 TITLE	TD		☐ Change	Additio	
NAME I	FURLONG, ROBERT MD		• • • • • • • • • • • • • • • • • • • •	1.2 NAME	Ī	ubin, Daniel C.	_		
STREET ADDRESS	300 71ST STREET, SUITE 410				TADDRESS I	Rocketeller flaza Ste920	,		
	MIAMI BEACH FL 33141			1.4 CITY- S	T 710	New York, NY 10020			
CITY-ST-ZIP	TSD		DELETE	2.1 TITLE			☐ Change	Additio	
	FUNK, MORRIS		A-11.1	2.2 NAME	Ĭ.	trauss Daniel E. HI Hackensack Ave-Tha	540	<i></i>	
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STREET ADDRESS	MIAMI BEACH FL 33141				TADURESS 1	tackensack, NJ 07601	÷		
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	POAMED DETER M		•	20 14145	6	witchensky Tudith	-		
NAME	KRAMER, PETER M		•	3.2 NAME	G	utchewsky, Judith	Ste 700		
NAME STREET ADDRESS	300 71ST STREET, SUITE 410			3.3 STREET		utchewsky, Judith 210 N. University Drive-	Ste700		
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r supplemental annual report is true and accurate and that my signature shall have the same legal effect as ir made under oath, that I am all ion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an address, with all other like empowered.

SIGNATURE:

580680-90009-49

Block #13 Continued

Additions/Changes to Officers and Directors in 12

7.2 NAME 7.3 STREET ADDRESS

7.4 CITY.ST.ZIP

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Bachman, Nancy 210 N. University Dr. – Ste. 700 Coral Springs, FL 33071